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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3153

SERIAL NUMBER 09/577,258	FILING DATE 05/22/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. P-8769.00
APPLICANTS Richard L. Weiner, Dallas, TX;				
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/136,690 05/29/1999				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance met		STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 51
Verified and Acknowledged _____ Examiner's Signature Initials		INDEPENDENT CLAIMS 5		
ADDRESS CHALRES W. SHIFLEY BANNER AND WITCOFF, LTD. 10 SOUTH WACKER DRIVE, SUITE 3000 CHICAGO ,IL 60606				
TITLE PERIPHERAL NERVE STIMULATION METHOD				
FILING FEE RECEIVED 1534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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SERIAL NUMBER 09/577,258	FILING DATE 05/22/2000 RULE -	CLASS 607	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. P-8769.00
APPLICANTS ✓ Richard L. Weiner, Dallas, TX ;				
** CONTINUING DATA ***** ✓ THIS APPLN CLAIMS BENEFIT OF 60/136,690 05/29/1999				
** FOREIGN APPLICATIONS ***** ✓				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/19/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>John D. Reed</u> Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 10	TOTAL CLAIMS 51 INDEPENDENT CLAIMS 5
ADDRESS Medtronic, Inc. 7000 Central Avenue N. E. Minneapolis, MN 55432				
TITLE Peripheral nerve stimulation method				
FILING FEE RECEIVED 1534	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	